FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

| OMB APPROVAL | | | | | | |
|--------------------------|--------------|--|--|--|--|--|
| OMB NUMBER: | 3235-0076 | | | | | |
| Expires: A | May 31, 2002 | | | | | |
| Estimated average burden | | | | | | |
| hours per respon | nse 16.00 | | | | | |

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY | | | | | |
|--------------|-----------|-----|--|--|--|
| Prefix | Serial | | | | |
| D | ATE RECEI | VED | | | |

| Name of Offering (Check if this is an amendment and name has changed, and indicate characteristic Triborough Partners International Ltd. | ange.) 122388/ |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 | 7000 |
| Type of Filing: New Filing DAmendment | ESCULIA TO ESCECIE |
| A. BASIC IDENTIFICATION DATA | 1881 1178 81882 41878 11881 11871 18188 11111 88788 111881 1 |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (Check if this is an amendment and name has changed, and indicate change | ge.) |
| Triborough Partners International Ltd. | 03017476 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Skandia House, 18 Church Street, Hamilton HM11, Bermuda | (441) 295-4718 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| (if different from Executive Offices) | |
| Brief Description of Business: Investment in Securities | BOARECCED |
| Type of Business Organization | PAL III AT TO THE |
| | ther (please specify): |
| Dusiness trust Dimited partnership, to be formed Month Year | MAR 2 1 2003 |
| | Thomason THOMSON |
| | SACTUAL CINANCIAL |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation | on for State: $ F N$ |
| CN for Canada; FN for other foreign jurisdiction) | |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Reg Or 15 U.S.C. 77d(6). | gulation D or Section 4(6), 17 CFR 230.501 et seq. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC address after the date on which it is due on the date it was mailed by United States registered or cert | at the address given below or, if received at that |
| Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. | C. 20549. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be must be photocopies of the manually signed copy or bear typed or printed signatures. | manually signed. Any copies not manually signed |
| Information Required: A new filing must contain all information requested. Amendments need or changes thereto, the information requested in Part C, and any material changes from the information need not be filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULC adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate not where sales are to be, or have been made. If a state requires the payment of a fee as a precondition amount shall accompany this form. This notice shall be filed in the appropriate states in accord constitutes a part of this notice and must be completed. | tice with the Securities Administrator in each state to the claim for the exemption, a fee in the proper |
| Failure to file notice in the appropriate states will not result in a loss of the fede | eral exemption. Conversely, failure to file |
| the appropriate federal notice will not result in a loss of an available stat | |

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

predicated on the filing of a federal notice.

SEC 1972 (2-97) 1 of 8

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

| Check Box(es)that Apply: | □Promoter | ☐Beneficial Owner | □Executive Officer | ⊠Director | □General and/or Managing Partners | | | | |
|---|------------------|----------------------------|--------------------|-----------|-----------------------------------|--|--|--|--|
| Full Name (Last name first, Berkman, Paul | if individual) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) Paul Berman & Co., 225 West 34th Street, Suite 1006, New York, New York 10122 | | | | | | | | | |
| Check Box(es)that Apply: | □Promoter | □Beneficial Owner | □Executive Officer | ⊠Director | □General and/or Managing Partners | | | | |
| Full Name (Last name first, Cooper, David | if individual) | | | | | | | | |
| Business or Residence Add Cox, Hallett & Wilkinson, | • | | • | a | | | | | |
| Check Box(es)that Apply: | □Promoter | ☐Beneficial Owner | □Executive Officer | ⊠Director | ☐General and/or Managing Partners | | | | |
| Full Name (Last name first, Morrison, Ernest A. | if individual) | | | | | | | | |
| Business or Residence Add Cox, Hallett & Wilkinson, | , | | - | a | | | | | |
| Check Box(es)that Apply: | □Promoter | □Beneficial Owner | □Executive Officer | □Director | ☐General and/or Managing Partners | | | | |
| Full Name (Last name first, | if individual) | - | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| Check Box(es)that Apply: | □Promoter | □Beneficial Owner | □Executive Officer | Director | □General and/or Managing Partners | | | | |
| Full Name (Last name first, | if individual) | | | | | | | | |
| Business or Residence Add | ress (Number and | Street, City, State, Zip (| Code) | | | | | | |
| Check Box(es)that Apply: | □Promoter | □Beneficial Owner | □Executive Officer | Director | □General and/or Managing Partners | | | | |
| Full Name (Last name first, | if individual) | | | | | | | | |
| Business or Residence Add | ress (Number and | Street, City, State, Zip (| Code) | | | | | | |
| Check Box(es)that Apply: | □Promoter | □Beneficial Owner | □Executive Officer | □Director | General and/or Managing Partners | | | | |
| Full Name (Last name first, | if individual) | | | | | | | | |
| Business or Residence Add | ress (Number and | Street, City, State, Zip (| Code) | | | | | | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) | | | | | | | | | |

| | | | | B. IN | FORMAT | ION ABO | UT OFFE | RING | | | | |
|-----------------------------|---|---|--|--|---|---|---------------------------|---|------------------------------|---|----------------|-----------|
| 1 Has the | issuer sold | or does th | ne iccuer in | tend to sell | to non-acc | redited in | estors in th | is offering | 2 | | Yes | No ⊠ |
| 1. Has the | issuci solu | i, or does u | | | | | 2, if filing | _ | | *************************************** | | ı |
| 2. What is | s the minim | um investr | | | | | | | | | . \$ 1. | .000.000 |
| 2 | y 1110 1111111 | 24, 400 | | in ou accep | | ., | | | | | Yes | No |
| 3. Does th | ne offering | permit join | t ownership | of a single | e unit? | | | *************************************** | | | | |
| comm If a pe list the | the informatission or siterson to be le name of the you may s | milar remu listed is an he broker o | neration for associated or dealer. I | r solicitation person of a f more than | on of purch broker or five (5) pe | asers in co dealer regisersons to be | nnection w stered with | rith sales of the SEC ar | f securities ad/or with a | in the offer a state or sta | ring. ates, | |
| | e (Last nam | | | | 1 | | | | | | | |
| Business | or Residen | ee Address | (Number | and Street | , City, State | e, Zip Code | e) | | | | | |
| Name of | Associated | Broker or 3 | Dealer | | | | | | | | | |
| | | | | | | | | | | | | |
| | Which Pers "All States | | | | | | | ••••• | | | 🗅 | ll States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Nam | e (Last nam | ne first, if i | ndividual) | | | | | | | | | |
| Business | or Residen | ce Address | (Number | and Street | , City, Stat | e, Zip Code | e) | | | ···· | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | | |
| | Which Pers "All States | | | | | | | | | | 🗅 | 11 States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Nam | e (Last nan | ne first, if i | ndividual) | | - | | *** | | | | | |
| Business | or Residen | ce Address | (Number | and Street | , City, Stat | e, Zip Code | e) | | | | | |
| | | | <u> </u> | | | | · | | | | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | | |
| | Which Pers "All States | | | | | | | | | | DA | 11 States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| | | J) | Jse blank s | heet, or co | py and use | additional | copies of th | is sheet, as | necessary. |) | | |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEEDS | |
|---|------------------------------|--|
| . Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| Type of Security Debt | Aggregate Offering Amount \$ | Amount Already Sold \$ |
| Equity | \$ 1,000,000,000. | \$ 73,847,867. |
| ⊠Common □Preferred | | |
| Convertible Securities (including warrants) | \$ <u>.</u> | \$ |
| Partnership Interests | \$ | \$ |
| Other (Specify) | \$ | \$ |
| Total | \$ <u>1,000,000,000</u> . | \$ <u>73,847,867</u> |
| Answer also in Appendix, Column 3, if filing under ULOE | | |
| . Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". | | |
| Accredited Investors | Number Investors 16 . | Aggregate Dollar Amount of Purchases \$ 73,847,867 |
| Non-accredited Investors | | \$ |
| Total (for filings under Rule 504 only) | | \$ |
| Answer also in Appendix, Column 4, if filing under ULOE | | ¥ |
| . If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| Type of offering | Type of Security | Dollar Amount Sold |
| Rule 505 | | \$ |
| Regulation A | | \$ |
| Rule 504 | <u> </u> | \$ |
| Total | | \$ |
| a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| Transfer Agent's Fees | | \$ |
| Printing and Engraving Costs | 🗆 | \$ |
| Legal Fees | IX | 30,000 |
| Accounting Fees | <u>X</u> | \$ 20,000 |
| Engineering Fees | | \$ |
| Sales Commissions (specify finder's fees separately) | | \$ |

.....

Total.....

Other Expenses (identify)____

50,000

□ \$_

区 \$_

| | Enter the difference between the aggregate uestion I and the total expenses furnished in response "adjusted gross proceeds to the issuer" | onse to Part C - | Question 4.a. this diff | erence i | is . | \$ | 99,950,000 |
|----------|---|-------------------------------------|--|--------------------|---|------------|-----------------------|
| fo aı | ndicate below the amount of the adjusted gross proper each of the purposes shown. If the amount for and check the box to the left of the estimate. The distinct of the gross proceeds to the issuer set forth in response | any purpose is le total of the p | not known, furnish an ayments listed must e | estimat qual th | e | , | |
| | | | | • | Payments T Officers, Directors, & Affiliates | | Payments To Others |
| • | Salaries and fees | | | 🗆 | \$ | <u>.</u> 🗆 | \$ |
| | Purchase of real estate | | | 🗆 | \$ | <u>.</u> 🗆 | \$ |
| | Purchase, rental or leasing and installation of n | nachinery and e | quipment | | \$ | <u> </u> | \$ |
| | Construction or leasing of plant buildings and | facilities | | 🗆 | \$ | <u>.</u> 🗆 | \$ |
| | Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger) | assets or securiti | es of another | 🗆 | \$ \$ \$ | | \$ <u>:</u> \$: |
| | Other (specify): <u>Investment in Securities</u> | | · | | \$ | *** | \$ 99,950,000. |
| | Column Totals | | | — П | \$ | 🗵 | \$99,950,000. |
| | Total Payments Listed (column totals added) | | | _ | | 99,95 | |
| Æ. | | D. FEDERA | L SIGNATURE * | Sec. 1 | | | |
| foll | issuer has duly caused this notice to be signed to owing signature constitutes an undertaking by the information furnished by the issuer to any non-accordance. | issuer to furni | sh to the U.S. Securities | es Com | mission, upon | written | request of its staff, |
| ls | suer (Print or Type) | Signature | 111 | | | Date | |
| T_1 | iborough Partners International Ltd. | Ulm | lm- | | | Ma | rch, 14, 2003 |
| | ame of Signer (Print or Type) | Title of Signo | er (Print or Type) | | L | 10 | 1771) 00 |
| Pa | ud Berkman | Director | | | | | |
| | | | , | | | | |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)